

## TRANSCRIPT ORDER

Please Read Instructions:

|   |  |                          |   |                       |
|---|--|--------------------------|---|-----------------------|
|   |  |                          | DUE DATE:   |                       |
| 1. NAME<br>Melissa R. Smith   |  |                          | 2. PHONE NUMBER<br>(903) 934-8450                       |                       |
| 4. DELIVERY ADDRESS OR EMAIL<br>303 South Washington Avenue   |  |                          | 5. CITY<br>Marshall                                     | 6. STATE<br>Texas     |
| 8. CASE NUMBER<br>2:23-cv-00641-JRG-RSP   | 9. JUDGE<br>Roy S. Payne   |                          | 7. ZIP CODE<br>75670                                    |                       |
|   |  |                          | DATES OF PROCEEDINGS                                    |                       |
|   |  |                          | 10. FROM 4/3/2025                                       | 11. TO 4/3/2025       |
| 12. CASE NAME<br>Headwater Research LLC v. SAMSUNG ELECTRONICS  |  |                          | LOCATION OF PROCEEDINGS                                 |                       |
|   |  |                          | 13. CITY Marshall                                       | 14. STATE TX          |
| 15. ORDER FOR<br><input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY<br><input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER |  |                          |   |                       |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)  |  |                          |   |                       |
| PORTIONS  |  | DATE(S)                  | PORTION(S)  | DATE(S)               |
| <input type="checkbox"/> VOIR DIRE  |  |                          | <input type="checkbox"/> TESTIMONY (Specify Witness)    |                       |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff)  |  |                          |   |                       |
| <input type="checkbox"/> OPENING STATEMENT (Defendant)  |  |                          |   |                       |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)   |  |                          | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify) |                       |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant)   |  |                          |   |                       |
| <input type="checkbox"/> OPINION OF COURT   |  |                          |   |                       |
| <input type="checkbox"/> JURY INSTRUCTIONS  |  |                          | <input checked="" type="checkbox"/> OTHER (Specify)     |                       |
| <input type="checkbox"/> SENTENCING   |  |                          | Markman & Motion Hearing                                | 4/3/2025              |
| <input type="checkbox"/> BAIL HEARING   |  |                          |   |                       |
| 17. ORDER   |  |                          |   |                       |
| CATEGORY  | ORIGINAL<br>(Includes Certified Copy to<br>Clerk for Records of the Court) | FIRST COPY               | ADDITIONAL<br>COPIES                                    | NO. OF PAGES ESTIMATE |
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| 3-Day   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | NO. OF COPIES<br>1                                      |                       |
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| 2-Hour  | <input type="checkbox"/>   | <input type="checkbox"/> | NO. OF COPIES   |                       |
| REALTIME  | <input type="checkbox"/>   | <input type="checkbox"/> |   |                       |
| CERTIFICATION (18. & 19.)<br>By signing below, I certify that I will pay all charges<br>(deposit plus additional).  |  |                          | ESTIMATE TOTAL  | 0.00                  |
| 18. SIGNATURE<br>/s/ Melissa R. Smith   |  |                          | PROCESSED BY  |                       |
| 19. DATE<br>4/3/2025  |  |                          | PHONE NUMBER  |                       |
| TRANSCRIPT TO BE PREPARED BY  |  |                          | COURT ADDRESS   |                       |
| ORDER RECEIVED  |  | DATE                     | BY  |                       |
| DEPOSIT PAID  |  |                          | DEPOSIT PAID  |                       |
| TRANSCRIPT ORDERED  |  |                          | TOTAL CHARGES   | 0.00                  |
| TRANSCRIPT RECEIVED   |  |                          | LESS DEPOSIT  | 0.00                  |
| ORDERING PARTY NOTIFIED<br>TO PICK UP TRANSCRIPT  |  |                          | TOTAL REFUNDED  |                       |
| PARTY RECEIVED TRANSCRIPT   |  |                          | TOTAL DUE   | 0.00                  |

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